



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20311 52nd Ave W, Suite 100, Lynnwood, WA 98036**

Garden of Eden Care LLC  
Garden of Eden Care LLC  
3630 191st Pl SW  
Lynnwood, WA 98036

RE: Garden of Eden Care LLC License # 755930

Dear Provider:

This letter addresses Compliance Determination(s) 69990 (Completion Date 12/11/2025) and 69197 (Completion Date 12/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/11/2025 and found that you have corrected the violations listed in the Full report dated 12/01/2025. Your home is back in compliance as of 12/02/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:  
WAC 388-76-10430-2-c, WAC 388-76-10490-2-b-i, WAC 388-76-10161-3, WAC 388-76-10380-1, WAC 388-76-10380-4

The Department staff who did the on-site verification:  
Chrissy Exe, Long-Term Care Licensors

If you have any questions, please contact me at (206)914-5042.

Sincerely,

*Renee Bourque*

Renee Bourque, Field Manager  
Region 2, Unit I  
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20311 52nd Ave W, Suite 100, Lynnwood, WA 98036**

---

Statement of Deficiencies	License #: 755930	Compliance Determination # 69197
Plan of Correction	Garden of Eden Care LLC	Completion Date
Page 1 of 6	Licensee: Garden of Eden Care LLC	12/01/2025

---

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 11/24/2025 of:

Garden of Eden Care LLC  
3630 191st PI SW  
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit I  
20311 52nd Ave W, Suite 100  
Lynnwood, WA 98036

This document was prepared by Residential Care Services for the Locator website.

12/2/2025 11:44:22

State of Washington

9/15

Statement of Deficiencies	License # 755030	Compliance Determination # 89197
Plan of Correction	Garden of Eden Care LLC	Completion Date
Page 2 of 6	Licensee: Garden of Eden Care LLC	12/01/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Russell Bourgeois  
Residential Care Services

12/02/2025  
Date

I understand that to maintain an Adult Family Home license I must be in compliance with all the licensing laws and regulations at all times

[Signature]  
Provider (or Representative)

12/2/25  
Date

**WAC 388-76-10430 Medication system.**

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 .

**This requirement was not met as evidenced by:**

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the medication log (ML) was accurate and up-to-date for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of experiencing medication errors.

**Findings included...**

Record review showed the AFH admitted Resident 1 on [redacted] 2024. Further review showed Resident 1 was prescribed multiple medications

Record review of Resident 1's November 2025 ML showed two entries for trazodone (used to treat insomnia). Review showed an entry for trazodone 150 milligram (mg) tablets with instructions which read, "take 1/2 tablet (75 mg) by mouth at bedtime for insomnia." Further review showed a handwritten entry for trazodone 100 mg tablets with instructions which read, "take 1/2 tab (25 mg) by mouth at bedtime in addition to mtpk (multipack) 100 mg."

Observation on 11/24/2025 at 1:45 PM, of Resident 1's medication supply, showed a bubble pack (pharmacy packaging that organizes multiple medications) which included trazodone 100 mg tablets. The trazodone label on the bubble pack had instructions

This document was prepared by Residential Care Services for the Locator website.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services	Date
<p>I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

**WAC 388-76-10430 Medication system.**

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;

**This requirement was not met as evidenced by:**

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the medication log (ML) was accurate and up-to-date for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of experiencing medication errors.

Findings included...

Record review showed the AFH admitted Resident 1 on [REDACTED]/2024. Further review showed Resident 1 was prescribed multiple medications.

Record review of Resident 1's November 2025 ML showed two entries for trazodone (used to treat insomnia). Review showed an entry for trazodone 150 milligram (mg) tablets with instructions which read, "take ½ tablet (75 mg) by mouth at bedtime for insomnia." Further review showed a handwritten entry for trazodone 100 mg tablets with instructions which read, "take ½ tab (25 mg) by mouth at bedtime in addition to mltpk (multipack) 100 mg."

Observation, on 11/24/2025 at 1:45 PM, of Resident 1's medication supply, showed a bubble pack (pharmacy packaging that organizes multiple medications) which included trazodone 100 mg tablets. The trazodone label on the bubble pack had instructions

12/2/2025 11:44:22

State of Washington

10/15

Statement of Deficiencies	License # 755930	Compliance Determination # 59197
Plan of Correction	Garden of Eden Care LLC	Completion Date
Page 3 of 6	Licenses: Garden of Eden Care LLC	12/01/2025

which read, "take 1 tablet by mouth at bedtime"

In an interview on 11/24/2025 at 1:55 PM Staff A, Entity Representative, stated that Resident 1's trazodone prescription was recently changed to 100 mg. Staff A stated that the pharmacy has not delivered the updated MLs. Staff A agreed that the instructions for trazodone on Resident 2's November 2025 ML, 1/4 of a 150 mg tablet and 1/4 of a 100 mg tablet, did not equal 100 mg. Staff A stated that Resident 1 received the correct dose of trazodone 100 mg from the bubble pack. Staff A provided a copy of the medication order for Resident 1's trazodone.

Record review of Resident 1's trazodone order showed Resident 1 was prescribed one trazodone 100 mg tablet PO (by mouth) QHS (at bedtime) on 11/04/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/2/25

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Edna Seale

Provider (or Representative)

12/2/25

Date

**WAC 388-76-10490 Medication disposal Written policy Required.**

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility, and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

**This requirement was not met as evidenced by:**

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the AFH Medication Disposal Policy was followed for disposing of an expired medication for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of harm or injury if expired medications were taken.

This document was prepared by Residential Care Services for the Locator website.

which read, "take 1 tablet by mouth at bedtime."

In an interview, on 11/24/2025 at 1:55 PM, Staff A, Entity Representative, stated that Resident 1's trazodone prescription was recently changed to 100 mg. Staff A stated that the pharmacy has not delivered the updated MLs. Staff A agreed that the instructions for trazodone on Resident 2's November 2025 ML, ½ of a 150 mg tablet and ½ of a 100 mg tablet, did not equal 100 mg. Staff A stated that Resident 1 received the correct dose of trazodone 100 mg from the bubble pack. Staff A provided a copy of the medication order for Resident 1's trazodone.

Record review of Resident 1's trazadone order showed Resident 1 was prescribed one trazadone 100 mg tablet PO (by mouth) QHS (at bedtime) on 11/04/2025.

<p>I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Provider (or Representative)	Date

**WAC 388-76-10490 Medication disposal Written policy Required.**

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident.

The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

**This requirement was not met as evidenced by:**

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the AFH Medication Disposal Policy was followed for disposing of an expired medication for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of harm or injury if expired medications were taken.



Findings included...

Record review, of the AFH's Medication Disposal Policy, undated, showed the AFH would dispose of any expired medications for current residents.

Record review showed the AFH admitted Resident 1 on [REDACTED]/2024. Review showed Resident 1's representative signed and dated the AFH's Medication Disposal Policy on [REDACTED]/2024.

Observation, on 11/24/2025 at 1:45 PM, of Resident 1's medication supply, showed a bingo pack (pharmacy packaging that organizes a medication into single doses) of hydralazine (used to treat high blood pressure) 25 milligram (mg) tablets. Further observation showed the hydralazine 25 mg tablets were prescribed on 12/18/2024 and expired on 06/18/2025.

In an interview, on 11/24/2025 at 1:56 PM, Staff A, Entity Representative, stated that they did not realize the hydralazine tablets had expired. Staff A was observed removing the expired hydralazine tablets from Resident 1's medication supply.

<p>I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____</p> <p>Provider (or Representative)</p>	<p>_____</p> <p>Date</p>

**WAC 388-76-10161 Background checks Who is required to have.**

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington Name and Date of Birth (WNOB) background inquiry (BGI) was completed for 2 of 2 non-caregiving household (HH) members (HH1 and HH2, landlords). This

This document was prepared by Residential Care Services for the Locator website.

2025 11:44:22

State of Washington

12/15

Statement of Deficiencies	License #: 755930	Compliance Determination # 89197
Plan of Correction	Garden of Eden Care LLC	Completion Date
Page 5 of 6	Licensee: Garden of Eden Care LLC	12/01/2025

failure placed Residents 1, 2, 3, and 4 at risk of having unsupervised access to individuals with unknown backgrounds

Findings included...

In an interview, on 11/24/2025 at 10:43 AM, Staff A, Entity Representative, stated that two individuals, HH1 and HH2, reside upstairs. Staff A stated that this is a separate unit with a separate entrance. Staff A stated that HH1 assists with household repairs and maintenance at the AFH. Staff A stated that upstairs is not a licensed area of the AFH.

Record review of the AFH's records showed no evidence a WNDOB BGI was completed for HH1 and HH2

In an interview, on 11/24/2025 at 3:07 PM, Staff A stated that WNDOB BGIs were completed for HH1 and HH2 at the time of initial licensing on 11/01/2022. Staff A stated that they have not completed WNDOB BGIs for HH1 and HH2 since that time

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/2/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Eden Care \_\_\_\_\_ 12/2/25  
 Provider (or Representative) Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on record review, interview, and observation, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) was updated at least every 12 months for 1 of 4 residents (Resident 1). The AFH also failed to ensure Resident 1's NCP was updated after a significant change assessment. This failure placed Resident 1 at risk of having

This document was prepared by Residential Care Services for the Locator website.

failure placed Residents 1, 2, 3, and 4 at risk of having unsupervised access to individuals with unknown backgrounds.

Findings included...

In an interview, on 11/24/2025 at 10:43 AM, Staff A, Entity Representative, stated that two individuals, HH1 and HH2, reside upstairs. Staff A stated that this is a separate unit with a separate entrance. Staff A stated that HH1 assists with household repairs and maintenance at the AFH. Staff A stated that upstairs is not a licensed area of the AFH.

Record review of the AFH's records showed no evidence a WNDOB BGI was completed for HH1 and HH2.

In an interview, on 11/24/2025 at 3:07 PM, Staff A stated that WNDOB BGIs were completed for HH1 and HH2 at the time of initial licensing on 11/01/2022. Staff A stated that they have not completed WNDOB BGIs for HH1 and HH2 since that time.

<p>I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Provider (or Representative)	Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on record review, interview, and observation, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) was updated at least every 12 months for 1 of 4 residents (Resident 1). The AFH also failed to ensure Resident 1's NCP was updated after a significant change assessment. This failure placed Resident 1 at risk of having

2025 11:44:22

State of Washington

13/15

Statement of Deficiencies	License # 755930	Compliance Determination # 67197
Plan of Correction	Garden of Eden Care LLC	Completion Date
Page 6 of 5	License: Garden of Eden Care LLC	12/2/2025

unmet care needs

Findings included

Record review showed the AFH admitted Resident 1 on [redacted] 2024. Review showed Resident 1 had a significant change assessment completed on 03/26/2025. Further review showed Resident 1's NCP was dated 08/05/2024.

In an interview, on 11/24/2025 at 12:31 PM, Staff A, Entity Representative, stated that the significant change assessment was requested due to Resident 1 experiencing increased behaviors. Staff A did not know NCPs must be updated at least every 12 months or after a significant change assessment. Staff A stated they would update Resident 1's NCP.

Observation, on 11/24/2025 at 2:00 PM, showed Staff A reviewing Resident 1's NCP with Resident 1. Staff A provided a copy of Resident 1's updated NCP.

Record review, of Resident 1's updated NCP, showed it was signed and dated by Staff A and Resident 1 on 11/24/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/2/25

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Edna Sude  
Provider (or Representative)

12/2/25  
Date

This document was prepared by Residential Care Services for the Locator website.

unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [REDACTED]/2024. Review showed Resident 1 had a significant change assessment completed on 03/26/2025. Further review showed Resident 1's NCP was dated 08/06/2024.

In an interview, on 11/24/2025 at 12:31 PM, Staff A, Entity Representative, stated that the significant change assessment was requested due to Resident 1 experiencing increased behaviors. Staff A did not know NCPs must be updated at least every 12 months or after a significant change assessment. Staff A stated they would update Resident 1's NCP.

Observation, on 11/24/2025 at 2:00 PM, showed Staff A reviewing Resident 1's NCP with Resident 1. Staff A provided a copy of Resident 1's updated NCP.

Record review, of Resident 1's updated NCP, showed it was signed and dated by Staff A and Resident 1 on 11/24/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Garden of Eden Care LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

\_\_\_\_\_  
Provider (or Representative)

\_\_\_\_\_  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*20311 52nd Ave W, Suite 100, Lynnwood, WA 98036*

12/02/2025

Garden of Eden Care LLC  
Garden of Eden Care LLC  
3630 191st PI SW  
Lynnwood, WA 98036

RE: Garden of Eden Care LLC # 755930

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/01/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager  
Residential Care Services  
Region 2, Unit I  
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

**Consultation(s):**

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. Observation showed dish soap and Dawn Power Wash spray secured with a child lock device underneath the kitchen sink. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who immediately moved the items to locked storage.

**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The Adult Family Home (AFH) failed to ensure Resident 2's negotiated care plan (NCP) and Resident 4's NCP described how the resident would use [REDACTED]. This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who added the information about [REDACTED] to Resident 2's NCP and Resident 4's NCP.

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

The Adult Family Home (AFH) failed to ensure Staff B, Caregiver, obtained Home Care Aide (HCA) certification within 365 days of hire. This deficiency was corrected over the course of inspection by Staff B, who scheduled their HCA examination for 12/05/2025.

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and
- (2) Adult family home.

The Adult Family Home (AFH) failed to ensure Resident 2's negotiated care plan (NCP) was signed and dated by Resident 2 or their representative and the AFH. The AFH also failed to ensure Resident 1's NCP was signed by Resident 1 or their representative. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative. Staff A and Resident 2 signed and dated Resident 2's NCP on 11/24/2025. Staff A and Resident 1 signed and dated Resident 1's NCP on 11/24/2025.

**WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:**

- (1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and
- (2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

The Adult Family Home (AFH) failed to ensure an evacuation floor plan was posted on the second level of the house. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who posted an evacuation floor plan.

**WAC 388-76-10201 Succession plan.**

- (1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written succession plan. This deficiency was corrected over the course of the inspection by Staff A, Entity Representative, who wrote a succession plan.

**You Are Not:**

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (206)914-5042.

Sincerely,

*Renee Bourque*

Renee Bourque, Field Manager  
Region 2, Unit I  
Residential Care Services

Enclosure

**Plan  
(Plan of Correction)**

**You Must:**

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Renee Bourque, Field Manager  
Residential Care Services  
Region 2, Unit I

Preferred methods:

eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100  
Lynnwood, WA 98036

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: <https://www.dshs.wa.gov/altsa/idr>

---

**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: [RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov); or

Fax: (360) 725-3225